

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance
CITY OF BEVERLY
RECEIVED AND RECORDED

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: 7 12/31/20225 | 1/1/2022 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Todd Rotondo Committee to elect Todd Rotondo Candidate Full Name (if applicable) Committee Name City Councilor Beverly Ward 1 Betty Spak Office Sought and District Name of Committee Treasurer 29 Kernood ave. 39 Sturtevant Ave. Beverly MA. 01915 Residential Address Committee Mailing Address E-mail: toddrotondo@yahoo.com betty@bdainc.com Phone # (optional): 978-578-7477 Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report -5866.82 Line 2: Total receipts this period (page 3, line 11) 100.00 Line 3: Subtotal (line 1 plus line 2) -5766.82 Line 4: Total expenditures this period (page 5, line 14) 500.00 **Line 5:** Ending Balance (line 3 minus line 4) -6266.82 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) -6616.82 Line 8: Name of bank(s) used: North Shore Bank **Affidavit of Committee Treasurer:** I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 12/88/2022 Signed under the penalties of perjury: ___(Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: 12/28/22

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a page number on each page.)					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
10/06/2022	Julie Tulikangas 24 Doloff Ave. Beverly MA. 01915	\$100.00			
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: Total Rece	ripts \$50 and under* (not listed above)				
	RECEIPTS IN THE PERIOD	L	← Enter on page 1, line 2 d include only those receipts not itemized above.		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)	Participate to the state of the	
	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemized	I receipts of \$50 and under include them in lin	2 Q Line 10 show	ld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport un expen	ditures. Please include your common To Whom Paid		on each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/11/22	Committee to Elect Joan Lovely	14 Story St Salem MA. 01970	campaign	\$100
5/4/22	Committee to Elect Jerry Parisella	14 Red Rock Lane Beverly MA. 01915	campaign	\$100
7/15/22	Committee to Elect Paul Tucker	P.O. Box 344 Salem MA. 01970	campaign	\$100
7/15/22	Committe to Elect Kevin Coppinger	37 Martin Rd. Lynn MA. 01904	campaign	\$100
12/22/22	Committee to Elect Michael P Cahill	28 Foster Dr. Beverly MA. 01915	campaign	\$100
		Line 12: Total Expenditures	over \$50 (or listed above)	\$500.00
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	\$500.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Principle of the second of the			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1					
		Line 12: Expenditures over \$50	(or listed above)		
		Time 12. The 14 deco 1	1 4 / / 1' 1 1 1		
		Line 13: Expenditures \$50 and u	inder* (not listed above)		
	Enter on page 1. line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD		
If you have itemi			ould include only those expenditures		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
:				
		Name and the second sec		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
5/6/22	Cafe Slaerno	73 Cabot St. Beverly MA. 01915	Catering apple Village events	\$650.00